THRIFT SHOP AT FORT DETRICK

Grant Request

DATE:

UNIT/ORGANIZATION PROGRAM:

JUSTIFICATION/PURPOSE (WHY IS GRANT NEEDED):

TOTAL DOLLAR AMOUNT REQUESTED (SPECIFIC FINANCIAL NEEDS):

ARE YOU WILLING TO DO VOLUNTEER WORK AT THE THRIFT SHOP? **Yes**

WHAT FUND RAISERS HAS YOUR UNIT/ORGANIZATION/PROGRAM ORGANIZED?

POC INFORMATION:

NAME: **ADDRESS:**

PHONE NUMBER: **E-MAIL ADDRESS:**

POSITION WITHIN ORGANIZATION/PROGRAM:

I certify the information provided on this application is complete, true, and correct.

SIGNATURE OF APPLICANT DATE:

(This section is for use by the Thrift Shop only)

APPROVED DISAPPROVED GRANT AMOUNT $:

APPROVAL AUTHORITY/DATE:

ACKNOWLEDGEMENT OF ASSISTANCE: I acknowledge receipt of a grant from the Thrift Shop at Fort Detrick in the amount of $ by check number .

SIGNATURE OF APPLICANT: DATE:

Send via E-mail Clear Form